



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9490

SERIAL NUMBER 09/371,648	FILING DATE 08/10/1999 RULE	CLASS 800	GROUP ART UNIT 1632	ATTORNEY DOCKET NO. 265036600070
------------------------------------	---	---------------------	-------------------------------	--

APPLICANTS

RYUZO YANAGIMACHI, HONOLULU, HI;

** CONTINUING DATA *****

THIS APPLN CLAIMS BENEFIT OF 60/096,078 08/11/1998
AND CLAIMS BENEFIT OF 60/133,970 05/13/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
08/31/1999

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY HI	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

BARBARA E ARNDT
JONES DAY REAVIS & POGUE
NORTH POINT
901 LAKESIDE AVENUE
CLEVELAND, OH 44114

TITLE

MAMMALIAN TRANSGENESIS BY INTRACYTOPLASMIC SPERM INJECTION

FILING FEE RECEIVED 843	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
19/371,648	08/10/99	435	1643	265036600070

APPLICANT

RYUZO YANAGIMACHI, HONOLULU, HI.

****CONTINUING DOMESTIC DATA*******

VERIFIED PROVISIONAL APPLICATION NO. 60/096,078 08/11/98
VERIFIED PROVISIONAL APPLICATION NO. 60/133,970 05/13/99

PP

PP

****371 (NAT'L STAGE) DATA*******

VERIFIED

PP

****FOREIGN APPLICATIONS*******

VERIFIED

PP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/31/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS
Verified and Acknowledged	<u>PP</u> Examiner's Initials	HI	3	21

ESS

BARBARA E ARNDT
JONES DAY REAVIS & POGUE
NORTH POINT
901 LAKESIDE AVENUE
CLEVELAND OH 44114

TITLE

MAMMALIAN TRANSGENESIS BY INTRACYTOPLASMIC SPERM INJECTION

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:
\$843	